NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 38624

Registered No. 166

1. PLACE OF DEATH

County St Charles — Registration District No. 757 1

Township — Primary Registration District No. 3036

City St Charles (No. St Joseph Hospital St. Ward)

2. FULL NAME Orville Byron Claytor

(a) Residence, No. Green Top Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Thelma Irene Claytor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1897

7. AGE: Years 40 Months 5 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High Schools

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Missouri

FATHER

13. NAME John Edwin Claytor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany, Mo.

MOTHER

15. MAIDEN NAME Estella Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffey Missouri

17. INFORMANT (ADDRESS) Mabel Tucker Pattonsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cem. DATE Oct. 9, 1937

19. UNDERTAKER (ADDRESS) L. D. Young Grantop Mo

20. FILED 10/9 1937 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to October 7, 1937

I last saw him alive on Oct 7, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Dangerous Perforated appendicitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 1-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Vincent A. Schmitz, M. D.

(Address) St. Charles. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.